

223541

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

The STARSHIP, Inc  
203 FLAMINGO Dr  
CLAYTON, NC 27520

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 - 150 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Curtis E. Williams

Telephone: 1-919-553-6912

Address: 203 FLAMINGO Dr

Fax: 1-919-553-6962

CLAYTON, NC 27520

Other:

Email: CWilliams@AOL.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED

APR 19 2010

CLERK'S OFFICE

RECEIVED

APR 05 2010

PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JBS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CLASS C - CHARTER BUS CERTIFICATE

CLASS C - CHARTER BUS

Date: 3/31/10

Application is hereby made for a Class C - Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

THE STAR SHIP, Inc

203 FLAMINGO DR

Street Address of Applicant

CLAYTON, NC 27520

Mailing Address of Applicant if different from street address

1-919-553-6912

Phone

1-919-553-6962

FAX

C4willi3 @ AOL.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

## DESCRIPTION OF EQUIPMENT

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

The STAR SHIP, Inc

Name of Motor Carrier

203 FLAMINGO Dr CLAYTON, NC

Address of Motor Carrier

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ \$5,000,000

Limits 47 Passengers

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

**16 or More Passengers      \$ 25,000/300,000/25,000**

LANCER Insurance BA162832

Name of Insurance Company

CARY, NC

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/31/10

Date

Tom Wood "Tom Wood"

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

The STAR SHIP Inc

Name

1585753

U.S.D.O.T No.

MC 587497

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes                      ☐ No                      ☐ Pending      (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory                      ☐ Conditional                      ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes                      ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes                      ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes                      ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes                      ☐ No

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Curt Williams The STAR SHIP, Inc  
Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

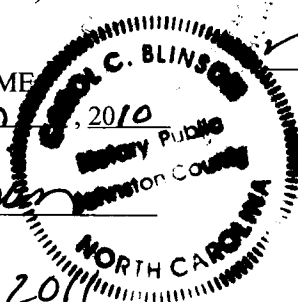
Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, CURTISE WILLIAMS, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME  
This 30th day of MARCH

Coul C. Blinson  
Notary Public

Commission Expires 10-17-2011



Curt Williams  
Applicant's Signature



# NORTH CAROLINA

## Department of The Secretary of State

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To all whom these presents shall come, Greetings:

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

### ARTICLES OF INCORPORATION

OF

**THE STAR SHIP, INC.**

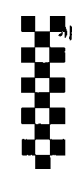
the original of which was filed in this office on the 2nd day of March, 2007.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of March, 2007

*Elaine F. Marshall*

Secretary of State

*Instructions for Filing***ARTICLES OF INCORPORATION***(Form B-01)*

- Item 1** Enter the complete corporate name which must include a corporate ending required by N.C.G.S. §55D-20-01(a) (corporation, company, limited, incorporated, corp., co., ltd., or inc.).
- Item 2** Enter the number of shares the corporation will have the authority to issue.
- Item 3** Check (a) or (b), whichever is applicable. If (b) is checked, add an attachment that includes the description of the designations, preferences, limitations, and relative rights of the shares.
- ~~**Item 4** Enter the complete street address of the registered office and the county in which it is located.~~
- Item 5** Enter the complete mailing address of the registered agent only if mail is not delivered to the street address stated in Item 3 or if you prefer to receive mail at a P. O. Box or Drawer.
- Item 6** Enter the name of the registered agent. The registered agent must be either an individual who resides in North Carolina; a domestic business corporation, nonprofit corporation, or limited liability company whose business office is identical with the registered office; or a foreign corporation, nonprofit corporation or limited liability company authorized to transact business in North Carolina whose business office is identical with the registered office.
- Item 7** Select item "a" if the corporation has a principal office. Enter the complete street address of the principal office and the county in which it is located. If mail is not delivered to the street address of the principal office or if you prefer to receive mail at a P.O. Box or Drawer, enter the complete mailing address of the principal office.
- Select item "b" if the corporation does not have a principal office.
- Item 8** See form.
- Item 9** Enter the name and address of each incorporator. Only one incorporator is required in order to file.
- Item 10** The document will be effective on the date and at the time of filing, unless a delayed date or an effective time (on the day of filing) is specified. If a delayed effective date is specified without a time, the document will be effective at 11:59:59 p.m. on the day specified. If a delayed effective date is specified with a time, the document will be effective on the day and time so specified. A delayed effective date may be specified up to and including the 90<sup>th</sup> day after the day of filing.

**Date and Execution**

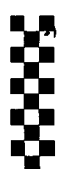
Enter the date the document was executed.

In the blanks provided enter:

- The name of the entity executing the Articles of Incorporation; if an individual, leave blank.
- The signature of the incorporator or representative of the incorporating entity.
- The name of the incorporator or name and title of the above signed representative

**ATTENTION:** Corporations wishing to render a professional service as defined in N.C.G.S. §55b-2(6) shall contact the appropriate North Carolina licensing board to determine whether compliance with additional licensing requirements may be mandated by law.



State of North Carolina  
Department of the Secretary of State

## ARTICLES OF INCORPORATION

Pursuant to §55-2-02 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Incorporation for the purpose of forming a business corporation.

1. The name of the corporation is: The Star Ship, Inc.
2. The number of shares the corporation is authorized to issue is: 1000
3. These shares shall be: (check either a or b)
  - a. ☒ all of one class, designated as common stock; or
  - b. ☐ divided into classes or series within a class as provided in the attached schedule, with the information required by N.C.G.S. Section 55-6-01.
4. The street address and county of the initial registered office of the corporation is:  
Number and Street 203 FLAMINGO Drive  
City CLAYTON State NC Zip Code 27520 County Johnston
5. The mailing address, if different from the street address, of the initial registered office is:  
Number and Street 203 FLAMINGO Drive  
City CLAYTON State NC Zip Code 27520 County Johnston
6. The name of the initial registered agent is: Curtis E. Williams
7. Principal office information: (must select either a or b.)
  - a. ☒ The corporation has a principal office.  
The street address and county of the principal office of the corporation is:  
Number and Street 203 FLAMINGO Drive  
City CLAYTON State NC Zip Code 27520 County Johnston  
The mailing address, if different from the street address, of the principal office of the corporation is:  
Number and Street 203 FLAMINGO Drive  
City CLAYTON State NC Zip Code 27520 County Johnston
  - b. ☐ The corporation does not have a principal office.